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CHALLENGE>TB



Challenge TB - <Burma>

Year 2

Quarterly Monitoring Report January-March 2016

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Cover photo: Dr. Phyo Wai Tun, Project Coordinator, from CTB Project, Burma, explaining about the activities of FHI360 to Regional Prime Minister Of Yangon Region, U Myint Swe, (currently Vice President 1 in new government cabinet) on World TB Day Ceremony in Yangon (March 24, 2016).

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Burma
Lead Partner	FHI360
Other partners	
Workplan timeframe	October 2015 – September 2016
Reporting period	January-March 2016

Most significant achievements:

In response to concerns of the Director of Disease Control, the Challenge TB Project (CTB) focused project activities on key priorities identified by the National TB Program (NTP) which included: Finalizing the National [TB] Strategic Plan (NSP), NSP Budget, Operational Plan for the NSP, the GFATM Joint TB and HIV concept note (referred to as the Concept Note), Concept Note financial gap analysis to determine the level of the funding request, conducting a National TB Spending Assessment, and initiating translation of eight national guidelines into English. Main activities related to these documents were completed by the end of this quarter but a few final edits will be necessary. In addition to these activities, project consultant Professor Steve Graham came to Burma, conducted short site visits, and conducted a work shop on childhood TB. As a result of the workshop a new childhood TB action plan was developed and accepted by national partners (See annex). Other follow-on activities included the distribution of reports to in-country partners.

The major achievements as a result of the intensive focus on the NSP include:

1. The Challenge TB M&E staff conducted extensive meetings with NTP and CTB partners in order to estimate their expected activities and related budgets for the next two years. This work combined with the existing NSP budget that was created by the NTP using the WHO budget tool, allowed for the development of the Concept Note Financial gap analysis that will be the basis for the funding request to the Global Fund when the concept note is complete.
2. The NSP and related documents, which will serve as the foundation on which the GFATM Joint TB and HIV concept note will be based, were developed using a very inclusive approach, ensuring that the starting point to prepare the concept note was solid and something which all stakeholders had participated in developing. This foundation of work ensured the WHO consultant [Holger Sawert] leading the development of the Concept Note was able to focus his work on the technical preparation of the document as opposed to other necessary consensus building work.
3. A draft National TB Spending Assessment has been completed and provided to the NTP. This is the first spending assessment for TB that has ever been conducted in the country. The assessment tracked trends in spending from 2011- 2015. After review by the NTP, key findings and results will be shared. This baseline assessment will support the requirements for a successful concept note.
4. Challenge TB has initiated translation of the following NTP documents into English. This was considered necessary to complete prior to finishing the GFATM Joint concept note.
 - MDR-TB training manual – Translation Complete
 - A Guide for MDR TB Treatment Supporters – Translation Complete
 - TB Handbook for Health Care Workers
 - TB training manual for Community Health Volunteer
 - Operational Guideline for TB diagnosis in mothers and children (under 5 years)
 - Operational Guideline for TB diagnosis by TB Mobile Team
 - Operational guideline for TB diagnosis in Diabetes Mellitus patients
 - Guideline for TB diagnosis in outpatient department of PPM Hospitals
5. The following reports from Challenge TB consultants were shared among partners to ensure they are aware of Challenge TB activities and to help multiply efforts and strengthen coordination of key activities.
 - Infection control report

- PMDT report
- Burma (Myanmar) Laboratory Network Review Part I: Situational Review

Technical/administrative challenges and actions to overcome them:

The Challenge TB Project continues strengthening communications with both the Director of Disease Control and NTP manager in order to ensure that the MoH priorities are addressed effectively and to help support implementation of the work plan activities. The MOH/NTP office is based in the capital Nay Pyi Taw while the Challenge TB Project office is based in Yangon, a one-hour flight away. For this reason the project has instituted regular project updates, via e-mail, of progress towards achieving NTP Priorities. In addition, more frequent trips to Nay Pyi Taw by project staff and the Project Director have been conducted to facilitate working together on key activities (e.g. NSP and related documents) and to update the NTP on the project. This approach is intended to help avoid misunderstandings and accelerate the implementation of the project activities.

While the **Challenge TB project supported the NTP to develop the NSP documents, we were not allowed by the NTP move forward on many other Work plan activities**, to overcome potential delays in the activities, the team is making all preparatory steps so the project can immediately go ahead with those activities once NTP gives the green light.

During technical support visits for strengthening laboratory capacity, it was found that certain supplies and equipment should be procured to improve elements of quality and safety in the laboratories (see annex 2 Laboratory Items needed in the NTRLs). Thus, we would like to consider procuring items if the project is not able to get funding agents such as 3MDG or the Global Fund to procure these items. If the project is able to make some procurement for needed items, this would not only address needs and help with demonstrating technologies in the laboratory but may well help strengthen cooperation with laboratories involved in the project.

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
PPM Assessment	1.1.1-3	PPM assessment finalized and result shared to stakeholders				PPM NSA finalized and the report shared with NTP/MOH. CTB is still waiting for approval from MOH to share the result to the stakeholders.	Partially met	The report has been revised after receiving the comments from USAID and PMU. The report was submitted on April 27 th .
Implement Scale-up in selected sites (Activities 2-5 are new to APA2)	1.1.4	Drug seller locations mapped; Existing IEC materials reviewed and selected; Adapt and develop materials if needed. Print materials to be used	Drug seller locations mapped; Four trainings conducted for drug sellers Identify Champions	Four trainings conducted for drug sellers Identify Champions Champions Trained	Four trainings conducted for drug sellers Identify Champions Champions Trained	CTB discussed with PSI TB focal person to assess their current implementation of drug seller engagement. Drug seller mapping has been requested from partners (PSI and the Myanmar Medical Association-MMA) but it has not been received.	Partially Met	A focus on finalizing the PPM Assessment and recommendation resulted in the delay of this activity.
Private and Public Hospital DOTS	1.1.5	Materials printed; Trainings conducted and FAST introduced in 5 hospitals	Engagement Workshops to support NTP PPM Roll Out Conducted. Workshops to include both Public and Private	Trainings conducted and FAST introduced in hospitals selected (5) / Conduct supportive supervision	Conduct Supportive Supervision of new PPM sites.	Meeting with Myanmar Private Hospital Association (MPHA) to find the possible collaboration in PPM. We assessed their needs and concern to engage in PPM. Revised draft TB-IC	Partially met	CTB is still waiting for NTP to discuss recommendation on engaging private hospitals in PPM. CTB and MPHA already agreed to conduct a workshop including NTP, MPHA, CTB and PPM partners (MMA) to analyze the barriers and find the best possible way in engaging private

			hospital key staff. Conduct supportive supervision of new PPM Sites.	of PPM sites.		guidelines have been submitted to the NTP for review.		hospitals in PPM. The TB-IC training on the new guidelines scheduled for May includes FAST which will be a part of this training.
Prison Engagement	1.1.6	Meetings conducted on TB in prisons with NTP and 3MDG	Symposium conducted with stakeholders on TB management in prisons				Partially met	Director of Disease Control asked only to conduct such a meeting after meeting with International Committee of the Red Cross (ICRC). CTB is now in contact with ICRC and other stakeholders who are working in prisons. During a meeting at ICRC with stakeholders, the Project Director suggested holding such a meeting with stakeholders but at the time the stakeholders were not ready for the meeting as they are still busy creating a list of priority needs.
Population Level Advocacy and Communication Campaign (National)	1.2.1	Planning and Strategy Dev. Conducted.	Concepts and messages development .	Campaign Launched	Post-Intervention survey Initiated	Initial visits by the consultant to be engaged in this process were delayed until quarter 3. In the meantime, a literature review has been ongoing to facilitate the communication campaign. The CTB Project team has also initiated their planning based on findings	Partially met	The project was asked by MoH to just focus on the main NTP priorities including NSP and Global Fund Concept Note development, and a STTA on Childhood TB visit of Prof. Steve Graham.

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Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Strengthen TB laboratory capacity from national level to periphery	2.1.1	Finalize National TB Laboratory System Assessment Report Share Report Results, TA provided to NTRL to revise Myanmar TB Diagnosis Expansion Plan	Supportive Supervision visit conducted (4). Revised Myanmar TB Diagnostic Expansion Plan approved by NTRL and NTP	Supportive Supervision visit conducted (4).	Supportive Supervision visit conducted (4).	Part 1 of the National laboratory System Assessment Report is done and submitted to MoH. After getting approval from NTP, Part 1 of the National Laboratory System Assessment Report was already shared with NTRL, UMTBC, Taunggyi Lab and other partners. A follow-up up Supportive supervision visit was ongoing as the quarter closed.	Partially met	Approval from the NTP to conduct supportive supervision visits has not been provided except in a couple of instances. TA to revise diagnostic expansion plan has not started. There is a question on whether or not this is needed given the new NSP and the fact that it includes a laboratory plan.
Introduction to Laboratory Quality Management System (QMS)	2.1.2		QMS Introductory Work shop Conducted	Training on SoP Writing and QMS Implementation Plan development conducted. QMS	Supportive Supervision visit conducted.	Discussions with experts on QMS ongoing.	Not met	Approval has not been provided to conduct workshop in this quarter as QMS was not an NTP priority. The newly hired Senior Laboratory consultant who the project hopes to hire fulltime can initiate this process provided the NTP

				Strategic Implement ation Plan Developed				is happy with her support.
Build laboratory capacity to provide culture/DST	2.3.1	TA provided for supporting 2nd line DST developmen t (3 facilities). LTO Trained in Antwerp		2nd line DST expanded and started two/three laboratorie s. (Note: If three labs are reached this will be accelerated expansion of the national targets).		Senior Laboratory Advisor Kathleen England provided TA for supporting second-line DST development. LTO was trained in Antwerp.	Met	This is long-term work which is ongoing. CTB has hired a laboratory expert (Natalia Shubladze) whom we would like to base in Yangon. She will be in Yangon to support the NTRL from April 27 until June 3 rd . If this consultancy goes well CTB will extend the contract of the specialist to a long- term contract which should open the way for other laboratory activities in the Workplan
Strengthen laboratory capacity for use of Xpert	2.4.1	Guidelines and tools produced and disseminate d	Trainings conducted for guidelines on tools (2) National Counterpart trained by Cepheid in Toulouse, France	Cascade Xpert Trainings conducted (4)	Cascade Xpert Trainings conducted (4)	The CTB Project team is collecting all national guidelines that are available in the country. Cepheid training plan has been proposed to NTP but no specific reply from NTP, yet.	Not met	This was not among the identified NTP priorities (NSP and Concept Note) which CTB was asked to solely focus upon.
Sputum Transport System	2.6.1	Assessment Survey Designed and distributed Sputum Transport Methods Identified	Sites to introduce alternative transportati on methods introduced.	Sputum transport system pilot started in one rural and one urban area Sites Linked to	Collection of data on introduction results started.	Assessment survey forms designed and translated into local language. Forms were reviewed by NTP again to be used countrywide. Tentative agreement with the Union is made to test	Partially met	NTP has not yet agreed that these surveys can be conducted. Discussions with JICA have revealed that the NHL is potentially interested to use these assessment survey forms during their next round of EQA. Planned for the next

		Methods of transporting specimens in Burma identified.		follow-on testing.		alternative methods in two of their hard-to- reach sites.		quarter. Both the Union and Save the Children (GFATM Principle recipient) would like to collaborate on this effort.
Supporting development and maintaining of bio-safety Measures in new and existing laboratories	2.7.1	Consultant (Building Engineer) reviewed existing construction plans Recommendations Provided	Site Visits conducted Recommendations Provided			Site visits were conducted to Taunggyi lab. CTB staff have communicated with 3 MDG. 3 MDG provided floor plans to existing facilities and plans for new construction. From a distance CTB provided feedback on the plans, floor layout and managing equipment. Construction hasn't been started yet.	Met	
Bio-Safety Officer Training	2.7.2			NRL Counterpart (s) complete training		Planned for Q3 Identifying options for both international and online training have been investigated. Many challenges to realizing the training are faced.	N/A	Investigation on the options available and pre-requisite requirements for training participants revealed there may be issues to identify qualified candidates. Upon arrival of the Senior Laboratory Advisor, CTB may begin on-the-job Bio-safety officer training.
Trained staff begin implementing annual Bio-safety training and assessments of all BL3 laboratories.	2.7.3				Training Conducted Bio-Safety Assessments conducted	Planned for Q4	N/A	

					Results available			
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Figure: Demonstration of biological spill kit response at SNRL, Belgium

Figure: Kathleen England lectured on how the bacterial growth curve relates to the viable cells (at UMTBC)



Figure: Kathleen England observed the process of 2nd- line DST, demonstrated how to use vaneometer and lectured on Whole Genome Sequencing (at NTRL Yangon)

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support assessment, development and implementation of rational childhood TB prevention and care work practices	3.1.1	Assessment Conducted	Detailed action plan developed Cross Visit Conducted (3 Persons)			The assessment and detailed action plan for Childhood TB were completed in Q2.	Partially met	CTB will support cross visits of key staff to Vietnam in Q4. The plan is for this visit to take place together with Prof. Steve Graham during his next visit to Vietnam in September.
Support discussions on decentralization of anti-retroviral therapy in TB treatment centers	3.2.1	Consultation held with NAP and NTP to discuss intro of ART into TB/HIV collaborative Townships;	Forum held for stakeholders on intro of ART into TB/HIV collaborative Townships at One Stop Service Sites most appropriate for location. Resource needs analysis (identify most appropriate sites for One Stop Services completed.	TB/HIV Collaborative Site expansion tracked.	TB/HIV Collaborative Site expansion tracked.	This activity is not started yet.	Not met	The question of how TB/HIV collaborative sites will be managed and expanded is still being discussed between partners, the NTP, and National Aids Program (NAP). The results of those discussions are an ongoing part of the GFATM Concept note writing process. Work on this component is likely to wait until after the concept note is completed in June.
Improve TB service provision for IDPs	3.2.2	NA	Forum on TB services for IDPs conducted	Forum on TB services for IDPs conducted	Forum on TB services for IDPs conducted	Assessing the IDPs status and information.	Not met	This activity was not a priority of the NTP. IDPs are a politically sensitive issue, which the NTP was

			Barriers to COC for IDPs with TB analyzed and results shared with NTP.					not willing to address until the transition to the new government in Myanmar took place. This happened at the end of the second quarter.
Improve TB services for cross-border migrants	3.2.3	Coordinate with IOM, USAID and CAP TB Thailand to assess funding levels (GFATM) in Thailand and the Thai Government's plans moving forward regarding provision of TB services for migrants from Burma living in the border areas in Thailand	Forum on TB services for cross border migrants conducted	Forum on TB services for cross- border migrants conducted Advocacy workshops for establishing cooperative linkages to improve/ access to TB Prevention and Treatment activities in hard to reach areas.	NTP facilitation of services in ethnic areas (e.g. Provision of Anti-TB medicines and availability of TB diagnostics for hard to reach populations initiated.	Efforts to assess GFATM funding levels yielded the following: The Global Fund signed New Funding Mechanism (NFM) Grant for TB/HIV in 2016, with budget of 46 million USD covering the period from 2014 to 2016. The NFM grant includes components to provide TB related services to migrants, such as MDR, TB-HIV and active case findings. Thailand is currently in the process of transition out of GF funding to domestic funding. Transition plan includes discussions of how to extend the current GF	Partially met	Director of Disease Control has pointed out that this activity can only be conducted after planning with higher level commission. Efforts to assess funding levels for migrants in Thailand were ongoing. After receiving contacts of the relevant Thai authorities, there were no responses to inquiries that were made. The project continues its efforts to create linkages.

						covered services to be taken on by migrant insurance or other financial means.		
Strengthen capacity of ethnic health authorities for TB control	3.2.4	Engage with NGO partners working in Ethnic areas, develop linkages with local partners, and identify needs to guide training activities.	TB training materials adapted for ethnic health authorities	TB training for Health authorities and community groups/ volunteers conducted.	TB training for Health authorities and community groups/ volunteers conducted.	CTB organized the meeting with Karen Department of Health and Welfare (KDHW) and discussed collaboration and supporting KDHW to provide TB services in hard to reach areas. CTB and KDHW planned to conduct two TB training to the health staff of KDHW in April 2016.	Partially met	CTB will conduct two 2-day trainings (April 25-26 and-28-29) for health staff of KDHW and provide capacity building in TB knowledge and in monitoring and evaluation of TB care.
Strengthen capacity of national partners in PMDT and community-based DOTS	3.2.5	Township Health Centers for PMDT assessed and findings shared with NTP and Township Medical Officers TA provided for ongoing capacity building for local partners / Expand	TA provided for ongoing capacity building for local partners; Operations research designed for PMDT	Operations Research Conducted	Results Assessed design follow-on activities initiated.	Decentralization Assessment form was prepared with the Yangon Regional TB Director with input from the CTB consultants (Dr. Max Meis and Dr. Agnes Gebhard). Technical assistance including regular trainings to local partners was provided.	Partially met	After the assessment form was completed the NTP manager informally mentioned this activity is not needed. The team needs to follow-up on this statement as the Director of Disease Control had confirmed this activity can be conducted.

		these activities to ethnic areas.						
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Sub-objective 4. Targeted screening for active TB

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Contact investigation	4.1.1	NA	Investigation conducted Round Table Discussions Held National Scale-up Plan Drafted	Scale-up plan, printed, and distributed ToT training conducted	CI Cascade Trainings Conducted (For 20 Townships) CI roll out started Algorithms developed submitted for approval	This activity has not yet started, due to competing priorities in NTP.	N/A	May be delayed until next year.
Cost effectiveness of ACF approaches	4.2.1	NA	Study Protocol Developed	NA	2. Ethics Board Approval Received	The broad ACF Assessment is removed from the APA2. Instead of conducting the ACF assessment, the project has opted to conduct the Risk Assessment tool for internal strategic planning purposes. This information may be helpful to complete a successful concept note. CTB will look for opportunities to make the results available to the NTP.	N/A	After discussions with the NTP the ACF Assessment activity has been removed from the APA2 work plan. The project is working on completing the Risk Assessment Tool analysis.

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Review of NTP Infection control guideline	5.1.1	Shared result of TB-IC assessment Scale-up and M&E Plans Developed	Congregate Settings Analysis Conducted.			Shared result of TB-IC assessment to NTP and partners.	Partially met	Currently the NTP has other top priorities such as National Strategic Planning and GFATM Concept note writing. Therefore, the congregate setting analysis will need to wait until the NSP and GFATM Joint Concept note are completed.
Implementation plan rolled out	5.1.2	Training Materials Revised TOT Conducted Training for 15 township health centers completed	Training for 15 township health centers completed	Training for 15 township health centers completed National workshop on Airborne Infection Control including Design and Engineering conducted	Training for 15 township health centers completed	National TB-IC materials and training guidelines were in the process of updating by consultant.	Partially met	Update of the TB-IC Manual and revision of the training materials is still in the process. TOT is planned to be conducted in Q3.
Assess TB Disease among HCW	5.2.1	Facilities included in the survey identified. Survey Forms Distributed	Conduct Baseline Survey of TB disease among Health Care Workers	Analyze Results	TB Disease among HCWs survey completed and results available. Next steps defined.	The survey questionnaire is developed. This survey has not yet started. The team will advocate to start the survey during the next trip TB-IC trip.	Not met	This activity was not approved by NTP for implementation until after NSP development. The survey will be extended to selected congregate settings such as prisons (prison staff) and garment factories

								(workers), if possible.
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Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Finalization of the National Strategic Plan 2016-2020 and accompanying costed Operational Plan: 2016-2020.	7.1.1	Support to NTP for development of NSP and operational plan provided	Support to NTP for development of NSP and operational plan provided / National Strategic Plan adopted			Development of NSP and operational plan is close to being finished, though will be revised as needed to be in accordance with the concept note and the latest released MOH organogram.	Met	This has been the almost exclusive focus for CTB at the request of the NTP. The project is now retouching and revisiting the NSP narrative, operational plan and NSP budget.
Support NTP to update policy and technical guidelines, and disseminated through training and info sessions	7.1.2		Guidelines requiring updating identified. Review of guidelines initiated.		SOPs developed / Disseminated.	TB-IC guideline is being updated. The guideline will have been reviewed and finalized by May, 2016 after consultative meeting with national expert TB committee members.	Partially met	Work is ongoing

Sub-objective 8. Comprehensive partnerships and informed community involvement								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Support NTP and NSP plans to Establish National Stop TB	8.1.1	Status of Global Initiative	Meeting Held	Charter Developed	NSTP Established	Establishment of National and lower level Stop TB	Not met	Informal discussions with the WHO indicate that they will not focus on

Partnership and Stop TB Partnerships at Regional and State Level.		reviewed	Decision taken on partnership	Meeting Held	Meeting Held	partnership won't be implemented until NSP has been finalized.		establishing these partnerships. The activity can only be conducted after the NSP has been formally approved.
Provide TA to NTP to prepare GF application	8.2.1		Global Fund TA provided for concept note development.	Global Fund application completed	Application accepted for funding.	CTB staff were extensively involved in analyzing the financial gap for preparation of the concept note. This is also linked with NSP budgeting, which is again coordinated by CTB staff.	Met	

Sub-objective 9. Drug and commodity management systems

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Introduce new drugs to the NTP as appropriate	9.2.1	Information on new drugs followed-up to NTP Work shop (Protocol Development conducted)	Time Model Training conducted Protocol Revision done Cross visit conducted.	SOP Work shop conducted	Sensitization training conducted.	Introduction of new drugs workshop and protocol development process have not yet started. CTB supported 1CTB staff and 2 MOH staff to attend TIME model training in Vietnam in Q2.	Partially met	Introduction of new drugs and regimens is started by the MSF (UNITAID) END TB Project. The role that the NTP would like CTB to play needs to be reconfirmed. Meetings with USAID and Johnson and Johnson (J&J) scheduled for May 25 th at the request of J&J. The role they want to play in Myanmar is not yet defined.

Sub-objective 10. Quality data, surveillance and M&E								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Reporting and recording system	10.1.1	Scoping Assessment Conducted (Activities 2a and 2b) Database supported	Prototyping and training plan completed Database supported	Selected Mapping of Data initiated Database supported	Database supported		Not met	Activities could not be considered until after the current NTP priorities of completing the NSP and Concept note are both completed.

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Section will reflect all international training planned in Y2 as reflected in other sections. It is not yet completed.	11.1.1	LTO Trained in SNRL Antwerp	2 Persons attended Union Conference.	2 NTP Staff trained at LSHTM on Time Model I NRL appointed staff trained in	2 MoH Infrastructure staff trained on Harvard course. (Move from APA2 to subsequent	LTO trained in SNRL, Antwerp. Union Conference has been attended in Dec, 2015. One CTB staff attended Eleventh	Met	

				Cepheid Toulouse.	year)	Global Meeting on Public Private Mix for TB Care and Prevention in Mumbai, India.		
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3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
UNOPS & Save the children (to date)	A	A1	US\$ 127,340,284	US\$ 81,384,215	US\$ 49,396,481
UNOPS	A	A1	US\$ 105,255,393	US\$ 65,068,680	US\$ 37,361,575
SCF	A	A2	US\$ 22,084,891	US\$ 16,315,535	US\$ 12,034,906
GFATM TB (2015 total)	A	Not Applicable **	US\$ 129,982,450	US\$ 84,026,382	?

* Since January 2010

** The Global Fund does not produce a combined rating for each reporting period. This was done during the grant renewals (old phase 2) and now for NFM country allocations. For the last NFM country allocation the country rating was weighted rating all grants in the last 3 years. For Burma the next combined rating will be for period Jul-Dec 2015 (PUDR should be submitted 15 Feb 2016).

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Both Principle recipients (PRs) of the Global Fund have been actively planning on how to spend savings by the end of the year to ensure the level of funding for the joint concept note will not be reduced because of high levels of unspent funds. CTB is advising the PRs on the reprogramming of funds as described below. The funds not utilized will be reduced from the amount available to the Joint Concept Note. The current GFATM grants both are finishing this year.

There continues to be a focus on how to increase the yield for ACF activities; these remain below the planned target and are affecting the ratings for both grants.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

The Challenge TB Project has consulted both Principal Recipients (PRs) on issues related procurement of lab and TB-IC equipment and maintenance in their grants. For UNOPS, the Project Director gathered information and collected contacts of Bio-medical engineers with ties to Burma and backgrounds that would be appropriate to help address policy issues and whom might assist with the management of equipment in health facilities. In addition, the project looked into some of the available third party agencies that could be hired to assist the NTP in oversight and maintenance of equipment. In this process, the Project Director noted that various agencies seem to be thinking in a more silo-ed or vertical manner which is not linking bigger issues which need to be consider together in order to support the country to put in place better systems that might provide more sustainable solutions to the issues being addressed (e.g.one agency may be looking Biological safety cabinet maintenance while another is looking at HIV laboratories and yet another group is considering Ultraviolet Germicidal Irradiation (UVGI). While vertical thinking may be attributed to having to address specific project deliverables for different agencies; the stakeholders need to meet together to identify sustainable solutions and systems changes needed to help the Burma government implement a comprehensive equipment safety and management system (e.g. clear overarching policy needs to be put in place, followed by training, lists of equipment that require oversight, and identification of appropriate third party agencies to support maintenance.).

For the Save the Children Foundation (SCF) grant, CTB has been advising on opportunities for reprogramming underspent funds on TB-IC measures in clinics where sub-recipients are working in the country. There are ongoing discussions including identifying experts in the field of TB-IC who might come to the country to conduct facility assessments, identify equipment needs, and ensure maintenance options are in place depending the identified needs (e.g. UVGI). As a result of these discussions it is expected that SCF will bring in these consultant to assessment 14 facilities and then recommend TB-IC measures to be implemented in those sites.

4. Success Stories – Planning and Development

Planned success story title:	Using social media as an effective tool to promote community awareness on World TB Day
Sub-objective of story:	8. Comprehensive partnerships and informed community involvement
Intervention area of story:	8.1. National partnership and coordinating bodies functioning with appropriate representation and capacity
Brief description of story idea:	<p>The Challenge TB Project disseminated tuberculosis related information and facts to the social media audience in commemoration of World TB Day 2016 via a Cover Your Cough Facebook page. During March 2016, the page was posted and shared over 30 knowledgeable and informative messages about tuberculosis. The messages reached over 133,000 Facebook users/ audiences. The posts were shared again by the Facebook users, who liked the page, to their friends. Questions were asked through comments and chat box and page administrators tried to respond those questions.</p> <p>One post which included a picture of the main character from the film, “The God’s Must Be Crazy” sparked a request to remove the post and then a broad discussion. The actor who played the main character in this film, N’Xau, died from MDR-TB; the film and the San people are well known in Burma but it is not well known that he died from MDR-TB. When this information was shared by the project, the post actually was seen by members of the San tribe in Southern Africa. As they did not understand the context of the post, the member of the San who saw the post contacted a doctor who works with the San and who works on advocacy issues. Subsequently, the team learned more about the serious marginalization of the San and the TB issues they continue to face as group. Communications continue so this information can also be shared with the audience of the Cover Your Cough Facebook page which the project continues to use to share information in Burma.</p> <p>The USAID Challenge TB Project strives to support Burma’s efforts in eliminating tuberculosis (TB). As the Challenge TB Project aims to strengthen national partnerships and coordinating bodies, the project participated in Burma World TB Day 2016 Commemoration Events led by Ministry of Health at national level and both regional and district levels with other international and local partner organizations of NTP.</p> <p>The national level event was attended by Former Union Minister of Health H.E. Dr Than Aung, government officials and civil society organizations. The project presented project activities and plans to the Former Minister of Health. During the event organized in Yangon, the project team presented these activities to the incoming Vice President of the government.</p> <p>The project also distributed the attendees with IEC materials printed with health messages regarding tuberculosis.</p>

	From March 24, 2016 to March 31, 2016, the Challenge TB Project participated in a total of 4 World TB Day Events: 1 National Level, 1 Regional Level and 2 District Level Events with the total estimated attendance of 1,000 audiences.
Status update:	



Challenge TB Project M&E Officer Dr. Soe Htut Aung presenting about CTB Project to Former Union Minister of Health Dr. Than Aung (March 24, 2016, MOH, Naypyitaw)

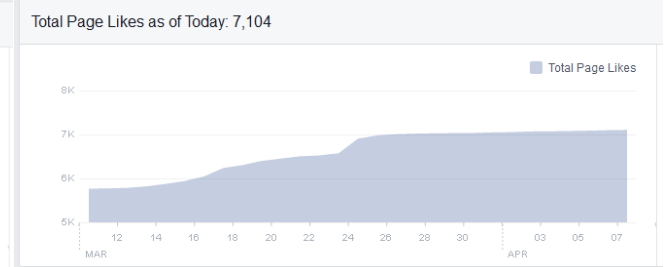
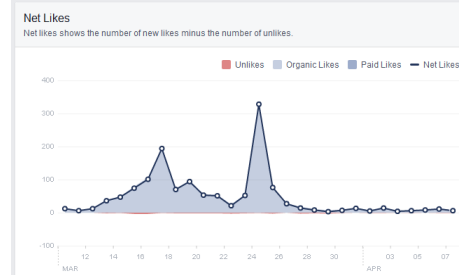


Former Union Minister of Health H.E Dr. Than Aung visiting the Challenge TB Project exhibition booth (March 24, 2016, MOH, Naypyitaw)

Challenge TB Project Staff at Yangon Regional Level World TB Day 2016 Commemoration Event (March 24, 2016, University of Nursing, Yangon)



Cover Your Cough Facebook page



5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	690	163	The NTP combines quarterly data at the end of the month after the quarter (April in this case). The data requested will only be available the first week of May. This will be included in the next quarterly report.
Total 2012	1037	442	
Total 2013	1984	667	
Total 2014	3495	1537	
Total 2015		979 (until second quarter)	
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			
Total 2015			
Jan-Mar 2016	1	1	
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.3 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF) (3.1.1)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						The NTP combines quarterly data at the end of the month after the quarter (April in this case). The data requested will only be available the first week of May. This will be

							included in the next quarterly report.
	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)						
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Contact investigations	CTB geographic focus for this intervention						Data not available at the time of the report. It is not certain NTP will pursue this activity during APA2.
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention		Activities will be defined in agreement with NTP but they are not yet selected.				Data not available at the time of the report (Locations to be determined).
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Children (0-14)	CTB geographic focus for this intervention						Data not available at the time of the report / Support at National Level.
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

Other (Improving access to high- risk groups near border)	CTB geographic focus for this intervention		Kachin, Kayah, and Shan States (IDPs) and Mon and Karen States (Ethnic Health Authorities)				Data not available at the time of the report / Support at National Level.
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Other (Sputum Transport System)	CTB geographic focus for this intervention		When locations piloting sputum transport models are identified geographic areas can be shared				Data not available at the time of the report / Support at National Level.
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	FHI360	Su Hlaing Tint		X			TB Diagnostic Training at SNRL, Antwerp, Belgium	Complete	Jan 15 – Feb 5	3 weeks	Still ongoing for 3 weeks training.
2	FHI360	Christy Hanson		X			NSP Finalization	Complete	Jan 16 - 22	7 days	Took place in Q2 due to availability of the consultant.
3	FHI360	Rick Homan		X			Costing of Operational Plan for NSP.	Complete	Jan. 22 -30	8 days	ToR changed to include capacity building for costing and Director of Disease control asked for an added activity (TB Spending Assessment) which USAID approved.
4	FHI360	3 Persons / 2 NTP - 1 CTB: Dr. Kyaw Soe Htet Dr. Thansar Thwin Dr. Cho Cho San	X				TB Impact Module & Estimates Training (TIME) 2. Will contribute to concept note	Complete	Jan. 24-29	6 days	Complete at time of submission to USAID.
5	FHI360	Dr. Toe Sandar Dr. Tin Maung Swe	X				IUATLD Conference (Cape Town) 2 NTP Staff	Complete	Nov. 30 – December 8	8 days	
6	FHI360	Kyaw Myo Lwin Thomas Mohr	X				46 th Union World Conference on Lung Health, held in Cape Town, South Africa	Complete	Nov. 30 – December 8	9 days	
7	FHI 360	Kimberly Booher			X		1. Work with Financial Team 2. Support work plan Development	Pending			
8	FHI 360	TBD			X		Follow-up monitoring to actions following PPM	Pending			

						Assessment					
9	FHI360	Tahir Turk PHD			X	Mass Media Campaign	Pending				
10	FHI360	Tahir Turk PHD				X	Mass Media Campaign	Pending			
11	KNCV	Kathleen England			X	1. Follow-up on lab 2. On Site Mentoring 3. Lab development and monitoring 4. Culture DST observation and recommendations	Complete	March 6 – April 2	27 days		
12	FHI360	TBD			X	Conduct Introductory QMS Workshop Implementation Plan development	Pending				
13	FHI360	TBD				X	Training on SoP Writing and QMS Supportive Supervision Visit	Pending			
14	KNCV	Agnes Gebhard		X		Curriculum development and TOT for the training of clinicians to promote effective use of lab testing and optimal interpretation of lab test results	Pending				ToR submission delayed as strategic decision was taken that CTB-Burma should only focus on NTP Priorities (NSP and Concept Note) until NTP is ready to look at other issues.
15	FHI360	3 Pediatrician (NTP)			X	Pediatricians to accompany Steve Graham during one of his regular visits to Vietnam	Pending				
16	KNCV	Steve Graham		X		Childhood TB Training Roll-Out Plan	Complete	Feb 1- Feb 12			
17	FHI360	Fabio Luelmo		X		Review of progress Training on Cohort Analysis / Global TB Trends	Pending				Plans Postponed to focus team only on NTP Priorities.

						Identify simple, inexpensive OR for action.				
18	KNCV	Max Meis	X			Contact Investigation Assessment TB-IC Follow-up	Pending			Plan initially delayed pending work plan approval.
19	KNCV	Ellen Mitchell/Nick Blok	X			ACF Assessment	Cancelled			Work discussed with NTP was not deemed as a priority when discussed. May take place in APA3
20	KNCV	Max Meis			X	TB-IC TOT / Monitoring CI Follow-up	Pending			Scheduled for May.
21	FHI360	Ed Nardell / Paul Jensen			X	Airborne Infection Control Training	Pending			Due to availability of consultants likely to move to Q4
22	FHI360	Rick Homan	X			Costing of Operational Plan for NSP.	Complete			NTP opted to use WHO Costing tool. Rick Homan reviewed that work and led a National TB Spending Assessment that was requested by the Director of Disease Control.
23	FHI360	Christy Hanson			X	Global Fund TB and HIV combined Concept note preparation. Writing Combined Concept note	Pending			SoW changed to providing technical review of draft note. Two trips reduced to one scheduled in May.
24	KNCV	Agnes Gebhard		X		Support development of concept note	Pending			Given MoH desire for WHO to lead Concept note development. This trip may be reduced to distance technical support.
25	KNCV	Agnes Gebhard			X	Support New Drugs and regimens	Pending			

26	KNCV	Christina Mergenthaler	X				Trend Analysis	Cancelled				Linked to ACF Assessment which MoH has not agreed to conduct at this stage.
27	KNCV	TBD (KIT) / (2 Person)			X		GIS Introduction Work shop	Pending				
28	KNCV	TBD (KIT) / (2 Person)				X	GIS Follow-up	Pending				
29	FHI360	TBD (1)			X		Cepheid Training Toulouse France	Pending				Training can be conducted in India.
30	FHI360	Carol Hamilton			X		Technical Support Lecture on TB / HIV Work Plan development	Complete	Apr 2 – Apr 8			Visit has been complete at the time of reporting
31	FHI360	Thomas Mohr, PD, and M&E			X		Attend the CDs meeting in the Hague (3 people, CD, PD and M&E staff.	Pending				
32	FHI 360	Dr. Kyaw Myo Lwin		X			Eleventh Global Meeting on Public Private Mix for TB Care and Prevention in Mumbai, India	Complete	Feb 29 – March 2	3 days		
Total number of visits conducted (cumulative for fiscal year)								14				
Total number of visits planned in approved work plan								43				
Percent of planned international consultant visits conducted								32.5%				

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
% of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	Sex, age group	annually	22.4% (2014) 31,798/141957	23% 35,236/153,200	Measured Annually	Data from December 2015 not yet available.
Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	Sex, age group	annually	141,957 (2014)	153200	Measured Annually	Data from December 2015 not yet available. Paper based system does not provide data in a way to disaggregate in the categories here except possibly for the prison sector but this data is not yet available to CTB.
% of (population) with correct knowledge and positive attitudes towards people affected by TB	Sex, age group, occupation	annually	TBD	TBD	Measured Annually	Work to collect such data was not conducted in 2015.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions	Not applicable	annually	2 (There is an operational plan completed in November 2014. At the end of 2015 the assessment of progress towards targets can be measured.)	2	Measured Annually	Data from December 2015 not yet available.
#/% of laboratories enrolled in EQA for smear microscopy	Not applicable	annually	514 (2014)	520	Measured Annually	Data from December 2015 not yet available.
Number and percent of TB reference laboratories (national and intermediate) within the	Not applicable	annually	0 (2014)	33.3% (1/3)	Measured Annually	CTB hopes to introduce QMS later in the fiscal year.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).						
Number of GLI-approved TB microscopy network standards met	Not applicable	annually	Standard fulfilled = 5 (1,3,6,8,9)	7/11	Measured Annually	Data from December 2015 not yet available.
#/% of laboratories showing adequate performance in external quality assurance for smear microscopy	Not applicable	annually	93% 478/514	93% 483/520	Measured Annually	Data from December 2015 not yet available.
Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	Sex, age group, new and retreated	annually	Not available	18%	Measured Annually	Data from December 2015 not yet available.
MTB positivity rate of Xpert test results		annually	39% (2014)	42%	Measured Annually	Data from December 2015 not yet available.
% unsuccessful Xpert tests		annually	Not yet available	Will coordinate with WHO/CHAI to get this data.	Measured Annually	Data from December 2015 not yet available.
#/% of new TB cases diagnosed using GeneXpert		annually		Will coordinate with WHO/CHAI to get this data.	Measured Annually	Data from December 2015 not yet available.
# of specimens transported for TB diagnostic services		annually		Not able to evaluate at this time but we will work to evaluate this over the course of CTB.	Measured Annually	Data from December 2015 not yet available.
#/% of laboratories implementing (internationally recommended) national biosafety standards (stratified by laboratories performing culture, DST		annually	N/A		Measured Annually	This will be assessed. Targets will be set for APA3.

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
and Xpert)						

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	Not applicable	annually	TSR - 85% (36,180/ 42,565) (2014 Report) - 2013 Cohort	85%	Measured Annually	Data from December 2015 not yet available.
Number of MDR-TB cases initiating second-line treatment	Sex, age group	annually	National: 2,076 cases were notified and diagnosed as MDR TB. Among them, 1,537 cases started on treatment. (2014)	4,063	Measured Annually	Data from December 2015 not yet available.
Number and percent of MDR-TB cases successfully treated	Not applicable	annually	79% (2014) [Cure 71% + Completed 8%]	81%	Measured Annually	Data from December 2015 not yet available.
% of health facilities with integrated or collaborative TB and HIV services	Not applicable	annually	41% 136/330	71% 236/330	Measured Annually	Data from December 2015 not yet available.
Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	Sex, age group	annually	141,957 (2014)	153,200	Measured Annually	Data from December 2015 not yet available.
Number of MDR-TB cases detected	Sex, age group	annually	National: 2,076 cases were diagnosed and notified as MDR TB.	4,063	Measured Annually	Data from December 2015 not yet available.

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
			Among them, 1,537 cases started on treatment. (2014)			

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
#/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB	National	Annual	Not currently available when it will be available is not known.	Such data not available in the current RR system	Measured Annually	Data from December 2015 not yet available.
Status of active case finding (0=no ACF policies or practices implemented; 1=policies or laws supporting ACF have been enacted; 2=ACF policy has been piloted/introduced in limited settings; 3=ACF policy implemented nationally)	National	Annual	No Baseline available yet but the country has tried to initiate ACF activities since 2013.	ACF Policy still being defined	Measured Annually	

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
#/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services)	Not applicable	annually	Baseline is not available yet and it will be collected by Q4 Y1.	Target will be determined after NTP agrees to a roll-out plan. 45 Township Health Centers to be trained.	Measured Annually	Data from December 2015 not yet available.
Number and % of health care workers diagnosed with TB during reporting period	Sex	annually	Not available	TBD	Measured Annually	Data from December 2015 not yet available.

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
% of the national TB strategic plan that is funded (from government funds, Global Fund grants, donors, etc.)	Not applicable	annually	Baseline will be set in APA2 as soon as costing of TB NSP is completed	Target will be set after the baseline	Measured Annually	Costing for the NSP (2016-2020) is ongoing. This information should be available next quarter.
Status of NSP development: 0=The NSP is expired or not being implemented; 1=An updated/new NSP is being drafted; 2=NSP has been developed and costed; 3=NSP has been finalized, endorsed by the government and implemented	Not applicable	annually	1	3	3	Finalization is expected next quarter.
% of activity budget covered by private sector cost share, by specific activity	Not applicable	annually	Not available	TBD	Measured Annually	There are no plans at present to seek private sector funding for CTB project activities.

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Status of National Stop TB Partnership	Not applicable	annually	0= no National Stop TB Partnership exists	1= National Stop TB Partnership established, and has adequate organizational structure; and a secretariat is in place that plays a facilitating role, and signed a common partnering agreement with all partners; but does not have detailed charter/plan, and does	0	National and Regional Stop TB Partnerships are envisioned in the NSP.

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
				not meet regularly/produce deliverables;		
% of local partners' operating budget covered by diverse non-USG funding sources	Not applicable	annually	Not available	0%	Measured Annually	CTB-Burma has not yet contracted any local partners.
Global Fund grant rating	Not applicable	annually	A1 (2014)	A1	N/A	Combined score will only be made in December of 2016. Both TB grants have been downgraded to B2 (UNOPS) and A2 (SCF).

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	Not applicable	annually	0 (2014)	N/A	Measured Annually	At Central level stock outs have not occurred. The current LMIS is not functioning well enough to know if the periphery level/patient level experience stock outs.
# of new and ancillary drug regimens that have become available in country since the start of Challenge TB	Not applicable	annually	0	2	<p>Through communications with MSF, CTB learned that the NTP received Bedaquiline to treat 10 patients but the NTP then asked for assistance from MSF and they did not have all of the drugs required for a complete regimen.</p> <p>MSF-Holland has introduced Bedaquiline and Delaminid as a part of the End TB Project (UNITAID) starting from February, 2016. MSF has organized online and face-to-face trainings on Pharmaco-vigilance in preparation to introduce the new drugs A clinical management training regarding new drugs has been conducted by MSF-OCA in</p>	Only MSF-Holland has NTP approved plans to introduce Bedaquiline and Delaminid.

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
					February, 2016.	

Sub-objective:	10. Quality data, surveillance and M&E					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
Status of electronic recording and reporting system	Not applicable	annually	0=R&R system is entirely paper-based;	N/A	0	Clinton Health Access Initiative (CHAI) is initiating an ERR system that initially will only cover MDR-TB patients.
Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	Not applicable	annually	NA	NA	In October, 2014 WHO used the Standards and Benchmarks checklist. The main findings stated that the TB surveillance system in Burma has strengths but also important gaps that need prompt action. Results: Met: B1.1, B1.2, B2.1 Partially: B1.3, B1.7 Not Met: B1.6, B1.8, B1.9, B1.10, B.2.2 Not Applicable: B1.5 Not Assessable: B1.4	No new information is available since the results shared in the "Results to date" column.
% of operations research project funding provided to local partner (provide % for each OR project)	Not applicable	annually	0	0%	Not Applicable	No OR has been conducted to date. The MoH has been clear that at present they do not want CTB to conduct research.
Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)	Not applicable	annually	Not available	No	Not Applicable	No OR conducted yet.

Sub-objective:	11. Human resource development
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Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
# of healthcare workers trained, by gender and technical area	Sex, technical area	annually	0	1790	120 (Male 35 / Female 85)	CTB involved in the training volunteers and counsellors from Pyi_gyi_Khin, MHAA and 3MDG and MOH staffs for MDR-TB.
% of USAID TB funding directed to local partners	Not applicable	annually	0	7%	0	Activities that will provide funds to local partners have not yet been initiated.

8. Annex 1: Proposed action plan for child TB in Myanmar: 2016-2017

Action	Responsible	Completion date
Revise and update 2014 guidelines where necessary – new dosage tables for treatment with FDC, diagnostic approach and Xpert, MDR TB management – and get consensus for updates.	SG with input from NTP and pediatricians	end April 2016
<p>Develop tools for training and management of child TB in Myanmar</p> <p>Adapt WHO training modules for Myanmar setting that include recent global evidence</p> <p>Develop a Deskguide or job aide for use by health workers at district and township levels that are consistent with updated guidelines</p> <p>Develop IEC material for implementation of child TB contact screening and prevention</p> <p>Develop key messages for mass media to inform community and health staff</p> <p>Develop SOPs for implementation of community-based contact screening and management.</p>	SG with input from NTP and pediatricians	end May 2016
Conduct one day workshop between NTP and leading pediatricians to get final feedback and consensus on all material	NTP with support from FHI360	June 2016
<p>Training of trainers of state level NTP officers and pediatricians (child TB working groups) that will include presentation of updated guidelines, training modules, implementation tools</p> <p>All state TB units/child TB Working Groups (WGs) will develop action plans to end 2017</p> <p>Define operational research priorities and identify specific settings</p>	<p>NTP with support from FHI360</p> <p>Facilitator: SG</p>	Sept 2016

Develop operational research concept notes in priority areas		
Develop and refine operational research proposals with stakeholders	SG and relevant partners	Dec 2016
Consider translation of final select material	FHI360	Dec 2016
Implementation of state action plans	State TB programs and child TB WGs	Oct 2016-Dec 2017
Implement operational research studies	Project leaders and stakeholders	Jan 2017-June 2017
Review of progress on action plans and OR activities	NTP and SG	Sept 2017
Identify challenges, priorities, solutions		
Develop action plans for 2018	State TB programs and child TB WGs	Oct 2017
Identify operational research projects for 2018		

9. Annex 2: Laboratory Items needed for NTRLs

Suggested procurements				
Mandalay	Qty	Specifications	Manufacturer	Important links
Autoclave Biological Spore test kit	1 box - 25 (test montly for QA)	SterileCheck biological indicators (BI-S25)	ATS	https://www.atssupplies.com/product/24-hour-biological-indicator/
HAIN MDRTBsl kit	<u>1 kit = 96 test</u>	Version 2.0, 96 tests No. 31796A	HAIN Lifesciences	http://www.hain-lifescience.de/en/products/microbiology/mycobacteria/tuberculosis/genotype-mtbdrsl.html
HAIN GenoType Myco bacterium CM	1 kit = 12 test	12 tests No. 299	HAIN Lifesciences	http://www.hain-lifescience.de/en/products/microbiology/mycobacteria/ntm/genotype-mycobacterium-cm.html
HAIN GenoType Myco bacterium AS	1 kit = 12 test	12 tests No. 298	HAIN Lifesciences	http://www.hain-lifescience.de/en/products/microbiology/mycobacteria/ntm/genotype-mycobacterium-cm.html

HAIN GenoLyse	1 kit	96 tests No. 51610	HAIN Lifesciences	http://www.hain-lifescience.de/en/products/dna-isolation/genolyse.html
OMNIgene SPUTUM	1L trial (3 ml/sputa = ~ 333 sputa)	contact for free trials or purchases	DNA Genotek	http://www.dnagenotek.com/US/products/OM-SPD.html
Vortex	1	Vortex Genie 2, SI-0246C Vortex-Genie 2 Mixer without Plug, 220V, 60Hz Frequency	Scientific Industries	http://www.amazon.com/Scientific-Industries-SI-0246C-Vortex-Genie-Frequency/dp/B0046A88S6/ref=lp_318017011_1_9?s=industrial&ie=UTF8&qid=1461232029&sr=1-9
Incubator	1- Memmert 750L capacity	see link	Memmert	https://www.memmert.com/products/incubators/incubator/IN750/
Tupperware container for transporting cultures with handle locks	1	Cleanable/durable carrier		
Loop incinerator	1	Bacti-Cinerator 4, 220V (BC-2011)		http://labscientific.com/Petri-Dishes/Bacti-Cinerator-IV-Loop-Sterilizer/
<u>Taunggyi</u>				
Blender for media preparation	MUST have autoclavable parts	High temp glass or metal / sterilizer proof		
Hardy Diagnostics Lowenstein Jensen Medium Base	500 g	C7381	Hardy Diagnostics	http://carefordescientific.com/hardy-diagnostics-lowenstein-jensen-medium-base-criterion-c7381-500g-wide-mouth-bottle-ea/
Loop incinerator	1	Bacti-Cinerator 4, 220V (BC-2011)		http://labscientific.com/Petri-Dishes/Bacti-Cinerator-IV-Loop-Sterilizer/
Filter pipette tips	10 boxes (case)	BRAND® filter tips, bulk volume 50 - 1000 µL		http://www.sigmaaldrich.com/catalog/product/sigma/z740009?lang=en&region=MM
1 mL Eppendorf pipette	1	volume 1000 µL, blue	Sigma Aldrich	http://www.sigmaaldrich.com/catalog/product/sigma/z740351?lang=en&region=MM
<u>NRL</u>				
Autoclave Biological Spore test kit	1 box - 25 (test montly for QA)	SterileCheck biological indicators (BI-S25)	ATS	https://www.atssupplies.com/product/24-hour-biological-indicator/
HAIN MDRTBsl kit	<u>1 kit = 96 test</u>	Version 2.0, 96 tests No. 31796A	HAIN Lifesciences	http://www.hain-lifescience.de/en/products/microbiology/mycobacteria/tuberculosis/genotype-mtbdrrsl.html
HAIN GenoType Mycobacterium CM	1 kit = 12 test	12 tests No. 299	HAIN Lifesciences	http://www.hain-lifescience.de/en/products/microbiology/mycobacteria/ntm/genotype-mycobacterium-cm.html

HAIN GenoType Myco bacterium AS	1 kit = 12 test	12 tests No. 298	HAIN Lifesciences	http://www.hain-lifescience.de/en/products/microbiology/mycobacteria/ntm/genotype-mycobacterium-cm.html
HAIN GenoLyse	1 kit	96 tests No. 51610	HAIN Lifesciences	http://www.hain-lifescience.de/en/products/dna-isolation/genolyse.html
OMNIgene SPUTUM	1L trial (3 ml/sputa = ~ 333 sputa)	contact for free trials or purchases	DNA Genotek	http://www.dnagenotek.com/US/products/OM-SPD.html
Loop incinerator	1	Bacti-Cinerator 4, 220V (BC-2011)	Lab Scientific	http://labscientific.com/Petri-Dishes/Bacti-Cinerator-IV-Loop-Sterilizer/
Fit-test kit	1	FT-30 (bitter)	3M	http://solutions.3m.com/wps/portal/3M/en_EU/PPE_SafetySolutions_EU/Safety/Product_Catalogue/~3M-Fit-Test-Kits?N=7574541+3294357566+3294857473&rt=rud
Erlenmeyer flask	1	1 Liter	Fischer	

*Some items listed are to be used to help with demonstrating new technologies which are not routinely used by Myamnar (HAINsl and NTM LPA/OMNIgene) and for trial purposes for assessing utility in-country.

** Pricing to be assessed at a later stage if the project will be involved in procurement. At that stage, additional information on justification of need would also be provided.